

P16000081803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/24/18--01015--023 **35.00

FILED
2018 FEB 21 AM 10:12

C. GOLDEN

FEB 22 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: P16000081803

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIKLOS KEREPEŠ

(Name of Contact Person)

N/A

(Firm/Company)

400 WHISPERING CIR. APT. 10

(Address)

ST. AUGUSTINE, FL 32084

(City/State and Zip Code)

For further information concerning this matter, please call:

MIKLOS KEREPEŠ

at (904-615-0920

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|---|--|---|---|

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2018

MIKLOS KEREPEŠ
400 WHISPERING CIRCLE
APT. 10
ST. AUGUSTINE, FL 32084

SUBJECT: ELITZUR INC.
Ref. Number: P16000081803

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 518A00002699

RECEIVED
18 FEB 21 PM 2:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2018

MIKLOS KEREPES
400 WHISPERING CIRCLE
APT. 10
ST. AUGUSTINE, FL 32084

SUBJECT: ELITZUR INC.
Ref. Number: P16000081803

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state the date the dissolution was authorized.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 518A00001666

RECEIVED
JAN 28 - 7 PM 2:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED

2018 FEB 21 AM 10:12

FIRST: The name of the corporation as currently filed with the Florida Department of State:
ELITZUR INC.

SECOND: The document number of the corporation (if known): P16000081803

THIRD: The date dissolution was authorized: 02/19/2018

Effective date of dissolution if applicable: N/A

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

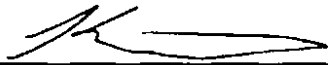
☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

N/A

(voting group)

Signature: 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

MIKLOS KEREPEs

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: N/A

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

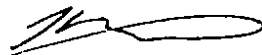
N/A

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

N/A

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

N/A MIKLOS KEREPES
Printed Name of the Person Filing


Signature of the Person Filing